Writing Clinical Research Protocols

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*What is a protocol?

- > A detailed plan that sets for the study:
 - Objectives

- Design

- Methodology
- Protocol- " ...a complete written description of, and scientific rationale for, a research activity involving human subjects." (Protomechanics NIH)
- 3 general types of protocols:
 - 1. Retrospective review- usually with data
 - 2. Natural History study- may get tissue samples, DNA
 - 3. Interventional Phase I/II, Phase III, Phase IV

*Who Reads Protocols?

Keep the "audience" in mind:
Other physicians
Nurses/CRAs
IRB members
Scientific reviewers

Why do we need a Protocol?
Scientific validity
Subject safety
Replicate the science if necessary
Regulatory requirements

*Parts of the Protocol

- > Introduction/Abstract
- Objectives (including study schema)
- Background/Rationale
- Eligibility criteria
- Study design/methods (including drug/device info)

- Safety/adverse events
- Regulatory guidance
- Statistical section (including analysis and monitoring)
- Human subjects protection/informed consent

Adapted from:

Protomechanics: Chapter 1 (http://www.cc.nih.gov/ccc/protomechanics/),

CTEP Investigators' Handbook, 2002 (http://ctep.cancer.gov/forms/Hndbk.pdf)

*Parts of the Protocol

표 5.1. 신약 임상시험계획서에 수록되어야 할 내용

- 1. 임상시험의 명칭 및 단계
- 2. 임상시험의 실시기관명 및 주소
- 3. 임상시험의 책임자, 담당자 및 공동연구자의 성명 및 직명
- 4. 임상시험용 의약품등을 관리하는 약사의 성명 및 직명
- 5. 임상시험의 의뢰자명 및 주소
- 6. 임상시험의 목적 및 배경
- 7. 임상시험용 의약품등의 코드명이나 주성분의 일반명, 원료약품 및 그 분량, 제형 등
- 8. 대상질환
- 9. 피험자의 선정기준, 제외기준, 목표한 피험자의 수 및 그 근거

- 10. 임상시험의 기간
- 11. 임상시험의 방법 (투여·사용량, 투여·사용방법, 투여·사용기간, 병용요법 등)
- 12. 관찰항목 · 임상검사항목 및 관찰검사방법
- 13. 예측 부작용 및 사용상의 주의사항
- **14.** 중지 · 탈락 기준
- 15. 효과 평가기준, 평가방법 및 해석방법(통계분석방법)
- 16. 부작용을 포함한 안전성의 평가기준, 평가방법 및 보고방법
- 17. 피험자동의서 양식
- 18. 피해자 보상에 대한 규약
- 19. 임상시험후 피험자의 진료 및 치료기준
- 20. 피험자의 안전보호에 관한 대책
- 21. 그 밖에 임상시험을 안전하고 과학적으로 실시하기 위하여 필요한 사항

임상시험 관련자를 위한 기본교재. 2006 Ministry of food and drug safety

*Title of a research project

- > Accurate, short, concise
- Descriptive: should make the main objective clear, should mention the target population
- Key words: should contain key words for referencing
 - i.e.; TB in HIV infected children
 - -> Better: 'Incidence of TB in HIV- infected children in North Uganda 2007-2008'

*Objectives/Background and Rationale

- Dbjectives should be stated clearly as hypotheses to be tested.
- Each objective should have a corresponding discussion in the statistical section.
- All protocols require a section detailing the scientific rationale for a protocol and the justification in medical and scientific literature for the hypothesis being proposed.
- Introductory section should be as succinct as possible and should be organized in a logical, sequential flow.

CTEP Investigators' Handbook, 2002 (http://ctep.cancer.gov/handbook/index.html)

*Writing Eligibility Criteria

- Eligibility criteria are the largest barrier to accrual to clinical trials
- Poorly written or poorly conceived criteria may undermine a trial's generalizability and scientific validity
- Eligibility criteria—stated as either exclusion or inclusion criteria—define and limit the kinds of patients that can participate in a clinical trial.
- Reasons for imposing eligibility criteria can include scientific rationales, safety concerns, regulatory issues, and practical considerations.

*Writing Eligibility Criteria

> Recommendations:

- The number of eligibility criteria should be kept to a minimum.
- Criteria should include only those absolutely necessary to ensure scientific validity and patient safety.
- Eligibility criteria should be clearly defined and verifiable by an external auditor.

*Study Population

- Total number of subjects (including screen failures/subject withdrawals)
 - The number of eligibility criteria should be kept to a minimum
- > Inclusion/Exclusion criteria
 - Age restrictions
 - Diagnostic methods (HGB > 12) to determine eligibility
 - Pre-existing conditions
- > Disallowed concomitant medications and/or treatment
- Inclusion of vulnerable populations (if applicable)
- Individual subject withdrawal criteria
 - Allowances for temporarily stopping drug/intervention
 - Dose Modifications
 - Non-compliance
- Eligibility criteria should be clearly defined and verifiable by an external auditor

*Sample Size

- The study is an experiment in people
- > Need enough participants to answer the question
- > Should not enroll more than needed to answer the question
- Sample size is an estimate, using guidelines and assumptions

*Study Design

- The study design section of the protocol should contain a stepwise description of all procedures required by the study.
- A good study design section includes sufficient information for the participating site to develop a comprehensive clinical pathway for study patients.

*Study Design

* Parts of the study design section may include:

- Initial evaluations
- Screening tests
- Required lab tests
- Details of treatment and ancillary procedures
- Agent information or device specifications
- Dose scheduling and modification
- Calendars

Adapted from: Protomechanics: Chapter 1 (http://www.cc.nih.gov/ccc/protomechanics/)

*Prug/Peyice

- *Drug preparation, administration, storage
- *Dose modifications
- *Device Implantation Procedures
- *Required concomitant medications, if applicable
- *Drug/Device accountability, retention, final disposition

*Endpoints

- Identifiable change that shows the intervention did what it was supposed to do
 - Primary Endpoint: measures the specific clinical effect the intervention is preventing/treating (i.e. survival, resolution of desease)
 - Surrogate endpoints: measures changes in symptom/biological indicator for the success of the intervention (i.e. T-cell count, radiographic imaging, etc.)
- > Should be Measurable
- Measures should be as objective as possible to avoid bias
- Should be feasible

*Blinding

Single Blind

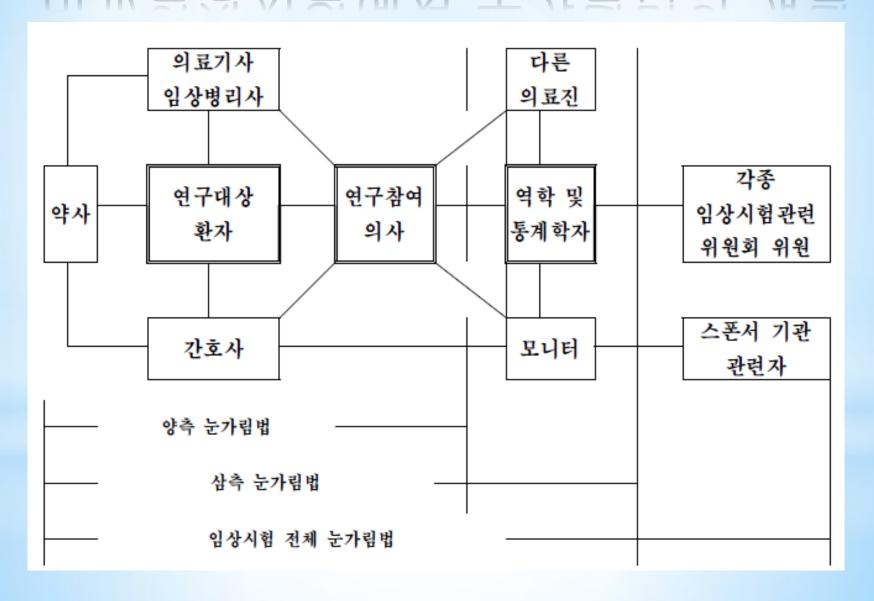
- subject doesn't know what treatment group they have

been assigned

- Double Blind
 - subject and investigator don't know treatment assignments



*비교임상시험에서 눈가림법의 개념.



*Randomization

- Selection of treatment/control group by chance
- Purpose Minimize Bias
- > Several methods
 - Fixed Allocation Randomization
 - Simple (flipping a coin)
 - Blocked
 - Stratified
 - Adaptive randomization



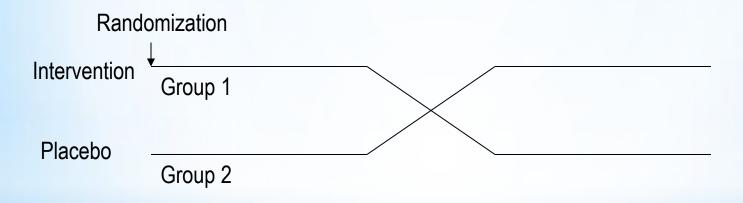
*Parallel Design

*Subjects are assigned to study arms/groups and stay in that group for the duration of their study participation



*Cross-over Design

*One group is assigned to treatment and one to a control group, at some point in the study they switch assignments



*Open Label Extension Study

*Investigators and subjects know what intervention they receive

Group 1

*Observational Study

- No Intervention
- Praw inferences about the effect of a treatment on subjects, where the assignment of subjects into a treated group versus a control group is outside the control of the investigator
 - Used when it may be unethical or impractical to conduct a randomized trial
 - Used for studying public health effects
- May involve clinical procedures
- May be long term



- The Safety (or Adverse Events) section should include:
 - Detailed information for reporting adverse events, including reporting to the FDA and/or the sponsor
 - Unblinding processes (if applicable)
 - Lists of expected adverse events

*The Statistical Section

- *Make sure that study objectives and study design elements in the statistical section mirror those in described in the Objectives section!
- *If the study involves stopping rules, make sure that descriptions and definitions of toxicities in the statistical section match those in the Safety/AE section.

*Human Subjects Protection

- This section includes discussion of:
 - Subject selection and exclusion
 - Proposed methods of patient recruitment
 - Recruitment (or exclusion) of special subjects, including vulnerable subjects
 - Lists of potential risks and benefits, including justification for risks

*Informed Consent Form

- > NIH recommends the following be included:
 - Statement that the study involves research
 - Purpose of the research and the length of the study
 - Description of risks and benefits
 - Discussion of alternative therapies
 - Confidentiality policy
 - Compensation for injury
 - Contact for further questions/information
 - Statement of voluntary participation

Q & A